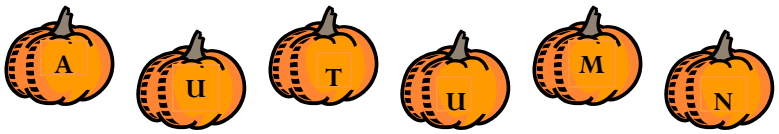
HARFORD COUNTY CANCER & TOBACCO COMMUNITY COALITION

CANCER COALITION NEWSLETTER

OCTOBER 2005 ISSUE 9



Welcome to the fall issue of the Cancer Coalition Newsletter.

Inside this issue you will find a variety of cancer support programs and organizations that can help during what can be the most challenging time in a person's life. This issue includes our new segment entitled, "Coalition Partner Spotlight". Each issue will highlight a coalition partner and give details on how their organization can help the residents of Harford County. Also included in this issue are informative articles on breast and prostate cancer.

I would like to take this opportunity to thank the cancer coalition members for their continued support and dedication. Your commitment to the coalition is greatly appreciated. *Beth Garbolino, Cancer Coalition Coordinator*

UPCOMING MEETINGS

JOINT MEETING
NOVEMBER 3

MINORITY HEALTH DISPARITIES
DECEMBER 8

CANCER COALITION MEETING
DECEMBER 13

CALL 443-643-0350 FOR MORE INFO

INSIDE THIS ISSUE:

The Harford County Cancer & Tobacco Community Coalition (HCCTCC) was formed to serve as a planning and advisory board for the Cigarette Restitution Fund (CRF) program in Harford County.

The Cancer Coalition Section is also responsible for treatment development, promoting, advocating, and creating awareness of the cancers targeted by the Department of Health and Mental Hygiene.

PROSTATE CANCER – REDUCING THE RISK

By David S. Stampfer, M.D. • Urologic Surgery Associates, P.A.

Prostate Cancer is the most common cancer and the second leading cause of cancer deaths among men in the United States. However, with EARLY DETECTION, prostate cancer is often CURABLE. Unfortunately, in the early stages of prostate cancer there are usually NO SYMPTOMS. It can ONLY be detected by screening/testing. If the cancer can't be cured, it can usually be controlled for many years with a variety of therapies.

The prostate is partially responsible for the production of semen. The prostate can be the source of other male health conditions including non-cancerous enlargement (BPH), and inflammation of the prostate (prostatitis). These may coexist with prostate cancer, but are not related to and do not cause cancer.

Currently, the most effective screening for prostate cancer is the combination of a digital rectal examination (DRE) and prostate specific antigen (PSA) blood test. Recent press reviews have cited the "inaccuracy" of the PSA test. It is important to understand that it is not the numeric PSA value that is inaccurate, but rather the common interpretation of the results as "normal" or "elevated." The normal range, usually reported as 0-3.9 ng/ml, does not accurately distinguish between those men with and without cancer. Some men with elevated values do not have prostate cancer, and some men with "normal" PSA's do have cancer. For men in their 40s, the upper limit of normal is 2.5 ng/ml, and for men in their 50s, it is 3.5 ng/ml. Values outside these ranges should be considered suspicious for cancer unless refuted by biopsy or evaluated by a urologist. Values inside the normal range should be carefully reviewed and may be "abnormal" when compared to baseline values.

The rate of increase in PSA is often predictive of prostate cancer. All PSA values should be interpreted in comparison to older values. An increase of 0.6 ng/ml per year should trigger closer monitoring or urologic evaluation. Screening for prostate cancer should begin at age 50 for healthy Caucasian and Asian males, and at age 40 for African-Americans and anyone with a family history of prostate cancer. Many urologists also recommend a PSA five or more years before these ages to establish a baseline. When to stop prostate cancer screening is controversial, but is reasonable when the patient's age or other health problems make establishing a diagnosis unlikely to alter the patient's longevity or quality of life.

An abnormality of the DRE or PSA is usually an indication for a prostate biopsy. Biopsy is the only reliable way to make a diagnosis of prostate cancer, and provides valuable information about the grade of cancer if present, or about the cause of a PSA elevation if no cancer is found. Prostate biopsy is a minimally invasive procedure done in an office or ambulatory surgery center. The procedure takes about 10 minutes and typically employs local anesthesia. The most common side effects are rectal or urinary bleeding and bloody semen. These side effects are self-limited and usually disappear rapidly.

Race and family history are inherited risks for prostate cancer. Other risks may be modifiable. The lifetime risk may be as high as 1 in 3 men, but recent data suggests that 75% of prostate cancers may be preventable through dietary and lifestyle modification.

Some changes may slow the progression of existing cancer. Current recommendations include reduction in dietary fat and alcohol consumption and supplementation of Vitamins E (100 IU/day) and D (800 IU/day). Other supplements believed to be beneficial are Selenium (200 mcg/day) and the carotenoid lycopene (30 mg/day) found in tomatoes. Another recommended dietary change is an increase in soy products like tofu, which are high in isoflavones (50 mg/day). Soy isoflavones may prevent prostate cancer growth by reducing male hormone levels, inhibiting cancer growth, or causing tumor destruction. More detailed information can be found at www.theralogix.com/nutritionprostate.asp

Prostate cancer is a TREATABLE and often CURABLE condition. Cancer prevention and early detection does save lives and improve quality of life. Your urologist and/or primary care physician are your best resources for screening, diagnosis and treatment.

Dr. Stampfer has offices in Bel Air, Rossville, and Towson.

WEBSITES

US TOO International
www.ustoo.com

American Foundation For Urologic Disease (AFUD)
www.afud.org

HOSPICE: NOT A BAD WORD – THE BEST KEPT SECRET

Submitted by: Kris Butcher, LCSW-C Hospice Care Consultant

Hospice and Palliative Care is considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury. Hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to a person's needs and wishes. Support is also provided to the individual's loved ones.

Hospice and palliative care both focus on helping a person be comfortable by addressing issues causing physical, emotional pain, or suffering. The goals of palliative care are to improve the quality of a seriously ill person's life to support that person and their family during and after treatment.

The focus of hospice relies on the belief that each of us has the right to face our end of life pain-free and with dignity, and that our loved ones will receive the necessary support to allow us to do so.

- Hospice focuses on caring, not curing.
- Hospice care is provided to you in your own home.
- Hospice also is provided in freestanding hospice centers, hospitals, and nursing homes, and other long-term care facilities.
- Hospice services are available to patients of any age, religion, race, or illness.
- Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

Services provided include: physician services, nursing care, medical equipment, medical supplies, drugs for symptom control and pain relief, respite care, home health aide services, physical and occupational therapy, speech therapy, social worker services, volunteers, dietary counseling, and bereavement counseling.

Although many hospice patients have cancer, it is important to know that Hospice serves patients with any kind of end stage disease process. To initiate hospice services, a physician has to agree that it is needed and determines a prognosis of 6 months or less in the person requesting care. Anyone can contact the hospice program to initiate the evaluation of need.

Hospice programs are often told by patients and their families that they wish they would have been referred sooner rather than later. Early hospice care allows sufficient time to fully assess needs and to develop an individual plan of care. It allows the hospice team to establish a relationship of trust between the team, the patient and his/her family. Should you or someone you know want more information about Hospice Resources in Maryland, please call Seasons Hospice and Palliative Care, toll free at 1-800-898-4862.

"COALITION PARTNER SPOTLIGHT"

The Leukemia and Lymphoma Society, Maryland Chapter has recently joined our Cancer Community Coalition. Their patient service department provides a variety of services including: referrals, financial assistance, public and professional education, advocacy and local support group services. The Society can provide residents of Harford County who are diagnosed with a blood cancer, an annual $500 reimbursement for treatment related expenses; transportation/parking expenses, drug costs, radiation therapy, blood and marrow transfusions and testing. The Society also offers support through their *First Connection*, a peer telephone support program. For more information, please contact the Leukemia and Lymphoma Society at 410-825-2500.

MAN TO MAN SUPPORT GROUP

The American Cancer Society Man to Man support group is a forum for men to learn about prostate cancer diagnosis and treatment options. The group helps men cope through interactive presentations and materials. Specialists from various fields related to prostate cancer share information on medical topics and quality of life issues. A comfortable and confidential environment encourages men to discuss their concerns openly and honestly. The Man to Man support group meets the first Wednesday of every month from 7-9 p.m. at Upper Chesapeake Medical Center. For more information, contact HealthLink at 1-800-515-0044 or the American Cancer Society at 1-800-ACS-2345.

On a personal note, we would like to thank Jim Pelesk, R.N. for all his hard work and years of dedication for making Man to Man a valuable resource to the residents of Harford County.

CIRCLE OF FRIENDS

In Harford County there is a group of cancer patients who understand. A group you and your family can come to during the most difficult time of your life. Circle of Friends is a special group of people undergoing various types of chemotherapy associated with different cancers and stages. They provide comfort and support like no one else can. The group was built with the philosophy that sharing of common experiences can be a source of strength for people living with cancer.

During meetings, sometimes members laugh, get angry, or even cry. Participants provide encouragement and practical hints in dealing with cancer. Several of the survivors have had reoccurrences with a dismal prognosis and are still returning to the group five to seven years later. Members share their ups and downs, but most of all they bring hope to all of those in need.

People who share experiences have an easier time making informed decisions with their doctors and are better able to cope with cancer. The inability to express or communicate hopes and fears, often results in isolation. These meetings help patients, families, and caregivers deal with the feelings and emotions that cancer presents.

The group has two facilitators: Rabbi Kenneth Block and Donna Tenly. The Circle of Friends support group has been helping cancer patients in the community for more than 10 years. For meeting times and locations or more information, **contact Donna Tenly, BC, RN, OCN at 410-515-6400.**

CLINICAL TRIAL PATIENT MATCHING SERVICE

This is a free, confidential program that is able to help match patients with clinical trials. Visit their website at *www.cancer.org* or call 1-800-303-5691 for more information.

HARFORD COUNTY CANCER & TOBACCO COMMUNITY COALITION

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To get to Pages 3 and 4 of the newsletter, click to the next page.

PROSTATE CANCER
–THE ROLE OF THE PRIMARY CARE PHYSICIAN –

By Nathan M. Rosenblum, M.D.

The chances of men getting prostate cancer increases with age. Some statistics suggest that if men live until the age of 80, they are 100% likely to have prostate cancer in some form, either as a defined tumor or just scattered groups of cancer cells.

Prostate cancer, the most common cancer in men, will kill about 31,000 men this year, and 240,000 new cases will be diagnosed. Why are there so many deaths? Often, there are NO SYMPTOMS when prostate cancer is CURABLE, and many men do not go visit their doctors when they are sick, much less when they have no symptoms. So how can we diagnose prostate cancer early when it usually can be cured?

The process should start with your Primary Cpare Physician. This person should:

- educate you about prostate cancer and recommend testing
- educate you about the test results and refer you to a urologist if further testing is needed
- provide support through diagnosis, treatment, and your life afterwards
- guide the necessary care if you are dying from prostate cancer

Since there are no symptoms in the early stages, we need to go looking for prostate cancer. Testing for prostate cancer is a two-part process. Right now our best tools are the prostate specific antigen (PSA) blood test and the digital rectal examination (DRE). In the past, a PSA less than 4.0 was normal, and higher than that was suggestive of prostate cancer. Current thinking is the younger you are, the number of the upper limit should be below 4.0. Unfortunately, prostate cancer can exist with a "normal" PSA. A 62-year-old patient of mine had a PSA of 0.4 but had a Gleason grade 6 cancer (the Gleason grading system defines the extent and aggressiveness of the cancer – 2 is the most mild and 10 the worst possible). The PSA test should not be done within 48 hours of a digital exam or ejaculation, and longer if there has been instrumentation of the urinary tract, such as by cystoscopy.

Screening should begin if you are 50 with no family history of prostate cancer. If you are an African-American or Hispanic, have a family history of prostate cancer, or do not know your family history, you should start yearly screenings at 40. If you are in these age groups and your Primary Care Physician does not address prostate cancer testing, then YOU SHOULD ASK ABOUT IT.

If cancer is found, treatment options will be variable, depending upon your age and physical condition. A diagnosis of prostate cancer no longer means the end of a man's sex life as it once did. Feel free to discuss this with your PCP as well as the urologist. **The worst thing men have to fear from prostate cancer is not finding it in time to save their lives.**

Dr. Rosenblum is an Internist in Towson. His father died of prostate cancer in 1987.

NUMBER ONE ANTIOXIDANT...BLUEBERRIES

According to the researcher at the USDA, blueberries are ranked as the #1 antioxidant when compared to 40 other fresh fruits and vegetables. Antioxidants help to protect the body from "free radicals" that may lead to cancer and other health issues including glaucoma, heart disease, and high cholesterol.

A few serving ideas: • Add frozen blueberries to your breakfast shake. • Add fresh or dried blueberries to your favorite breakfast cereal. • For a delicious dessert, layer yogurt and blueberries in a glass dish. • Do not forget the classics: blueberry pie, cobbler and muffins.

Check out this website for other great information on the power of blueberries: *http://www.bcblueberry.com*

BREAST CANCER SCREENING GUIDELINES

The American Cancer Society recommends the following breast cancer screening guidelines for women:

- ♥ A yearly mammogram starting at age 40.
- ♥ Clinical breast exams (CBE) should be part of a doctor's exam every three years for women in their 20s and 30s, and every year for women 40 and over.
- ♥ Women should report any breast change promptly to their health care providers.
- ♥ Breast self-examination (BSE) is an option for women starting in their 20s.

If you have any questions or concerns related to breast cancer screening, consult your health care provider.

NO COST MAMMOGRAM & GYN SCREENINGS AVAILABLE

The Harford County Health Department's Breast & Cervical Cancer Screening Program provides no cost mammograms and gyn screenings to women ages 40-64. To see if you qualify for these services, contact the Harford County Health Department at:

443-643-0350

REACH TO RECOVERY

This American Cancer Society program has been linking breast cancer survivors with breast cancer patients for more than 30 years. It is a unique peer support program that uses carefully selected and trained volunteers who have fully adjusted to their breast cancer surgery and treatment experience. Volunteers provide support and up-to-date information including literature for spouses, partners, children, friends, and loved ones. More importantly, volunteers assist by providing a one-on-one comfortable atmosphere which allows someone to ask questions, express feelings, verbalize fears, and explore concerns regarding their cancer. If you would like more information contact ACS at:

1-800-ACS-2345

BIKE4BREAST CANCER PINK RIBBON RIDE

Congratulations to Cancer Coalition Member, Kathy Betz and her staff of volunteers at Bike4BreastCancer. Once again, Bike4Breast Cancer held a successful event in Havre de Grace, Maryland. Her organization hosts bicycling events held in cities and towns across the U.S.A. and are called Pink Ribbon Rides. These rides are a part of a grassroots effort to increase breast cancer awareness and personal responsibility, as well as, community activism. The rides are coordinated by local volunteers and supported by the community and local businesses. The majority of the proceeds are returned to each community. This year at the Havre de Grace Ride, 150 cyclists from the tri-state area raised more than $9,000. If you would like more information on future events, please visit the website at *bike4breastcancer.org*.

Volunteers and riders are always needed.

ROAD TO RECOVERY… DRIVERS WANTED

If you want to help someone along the *Road to Recovery*, the American Cancer Society has a job for you. Every day thousands of cancer patients need transportation to hospitals or doctor offices for treatment. Drivers are needed to be a part of this special team of volunteers. Drivers must have a reliable vehicle and a valid driver's license.

For more information and training, contact ACS at:

1-800-ACS-2345